



COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY

HOISTING LICENSE

Please send application to:
Department of Public Safety, Cashier's Division, 1 Ashburton Place, Room 1301, Boston, MA 02108

IMPORTANT INFORMATION FOR HOISTING OPERATORS LICENSES

APPLICANTS PLEASE READ THE FOLLOWING:

The examination is based on thorough and practical knowledge of all working parts of the hoisting machinery that the applicant is applying for, as well as safe operating practices, safety inspection of the equipment, hand signals and the Massachusetts General Laws and Regulations as they apply to Hoisting. All applicants should know all operating instructions provided by the manufacturer's operating manuals. Crane and Excavator operators shall know the national standard hand signals found in 520 CMR 6.00 in order to pass the crane and excavator examination.

All candidates for the examination should have a thorough knowledge of the **Massachusetts General Laws Chapter 146, Sections 53 – 55 and Sections 64 – 67 and the Massachusetts Regulations 520 CMR 6.00 for hoisting machinery**. These regulations are printable from the Public Safety website at: <http://www.mass.gov/dps>. You may also obtain all of the above Laws and Regulation at your local library, and/or the State House Bookstore at: www.state.ma.us/sec/spr or (617) 727-2834 or in the Springfield area at: (413) 784-1376.

OTHER RESOURCE MATERIALS FOR STUDY MAY BE FOUND AT:

- Construction Safety Regulations: 29 CFR 1926 OSHA (website: www.osha.gov) or 1-800-321-OSHA(6742)
- Dig Safe (website: www.digsafe.com) or Tel: 1-888-dig-safe(344-7233)
- Owner's Manuals and/or Safety Manuals (website: <http://www.aem.org> or www.jjkeller.com)
- Bob's Rigging and Crane Handbook: Pellow Engineering Services, Inc. Owner: Don Pellow
460 West 50th Street, Kansas City, Missouri 64112-2310 (Website) www.donpellow.com
Phone/Fax: 816-931-4113 / Phone/Fax 1-877-473-5569 Toll free
- The Mobile Crane Manual: Construction Safety Association of Ontario, 21 Voyage Court South.,
Entobicoke, Ontario M9W 5M7 Canada (www.csa.org) or Tel: (800) 781-2726
- Equipment Training Resources, 9245 Reseda blvd. #740, Northridge, CA 91324 Tel: 818-360-5431 Fax: 818-360-6758

www.equiptrain.com

THE FOLLOWING HOISTING ENGINEER CLASSIFICATION CODES ARE AS FOLLOWS:

- HA= Hoisting Apprentice (**Note: Must be Registered with the Department of Labor and Workforce Development**) 617-626-5409
- 1A=All hoisting equipment(except electric and air powered hoisting equipment) including clutch machines, derricks, guy derricks, stiff legs, Chicago booms, gin poles, lattice booms, 1B=Equipment with telescoping booms with or without wire ropes.
- 1C= Equipment hydraulic telescoping booms without wire ropes and forklifts.
- 2A=Crawler and rubber-tired excavators, backhoes and loaders, 2B=Backhoes and front-end loaders, 2C=Front-end loaders.
- 3A=Electric and air powered hoisting equipment.
- 4A=Unrestricted, 4B=Drill Rigs, 4C=Pipeline Side booms, 4D=Concrete Pumps, 4E=Catch Basin Cleaners, 4F=Sign-Hangers, 4G=Mowers.

EXAMS TAKE PLACE THE LAST WEEK OF EVERY MONTH

[FOR EXAMPLE IF YOUR APPLICATION IS PROCESSED IN JANUARY YOU SIT IN FEBRUARY ETC.]

- Application for a D.O.T. Physical can now be down loaded off our website: <http://www.mass.gov/dps> or
- D.O.T. Cert. can be purchased by MMTA at 617-270-6880 or FMCSA medical cert. Trans Products at 1-800-367-9100

All applicants must provide:

- 1 photo 1"x1.25", or(a legible copy of your driver's license)
(Unless Authorization for Release of RMV Photo Information Signed-Off)
- A legible copy of a valid driver's license,
- Copy of D.O.T. Medical certificate, or medical examiner's cert. in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49)
- Application processing fee is a Non-Refundable \$75.00.
- Applicants: You must be at least 18 years of age.
- The Department will not return any of your document



COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY

HOISTING LICENSE

Please send application to:

Department of Public Safety, Cashier's Division, 1 Ashburton Place, Room 1301, Boston, MA 02108

Application for License to Operate Hoisting Machinery when motive power is mechanical and other than steam in accordance with the provisions of Massachusetts General Law Chapter 146 section 53.

Application must be filled out in **ink** and accompanied with the non refundable processing fee of \$75.00

☐ (Check box if applicable) I am requesting examination accommodations due to a disability that substantially limits my ability to perform a major life activity. **You must submit the Accommodations Request Form along with the required documentation as part of this application in order for this request to be considered.**

1. Choose only One (1) Grade of hoisting license from the selection below. This application will entitle the applicant to sit for only one examination per scheduled testing cycle, in accordance to MGL c.146 §57:

<input type="checkbox"/> 1A - Derricks / Lattice Cranes	<input type="checkbox"/> 1B - Telescoping Boom w/cables cranes	<input type="checkbox"/> 1C - Telescoping booms w/o cables, forklifts
<input type="checkbox"/> 2A - Excavators	<input type="checkbox"/> 2B - Front end loader/backhoes	<input type="checkbox"/> 2C - Front end loaders / unloaders
<input type="checkbox"/> 3A - Air or electric powered	<input type="checkbox"/> 4A - Unlimited Specialty Series	<input type="checkbox"/> 4B - Drill Rigs
<input type="checkbox"/> 4C - Pipeline side booms	<input type="checkbox"/> 4D - Concrete Pumps	<input type="checkbox"/> 4E - Catch Basin Cleaner
<input type="checkbox"/> 4F - Sign Hanging Equipment	<input type="checkbox"/> 4G - Specialty Lawn Mower	<input type="checkbox"/> HA - Hoisting Apprentice

2. Full Name: _____ Social Security Number: _____
(first name) (middle Initial) (last name) (Mandatory)

3. Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip Code)

4. Date of Birth: _____ Place of Birth: _____
(month / day / year) (city / town)

5. Phone #: _____ Email Address: _____

6. Name and Address of Employer: _____

7. Have you ever been examined for a Massachusetts license to operate hoisting machinery? _____ YES _____ NO

8. Do you hold a Massachusetts license to operate hoisting machinery? _____ YES _____ NO

If so, list license number: _____
(License number) (License Grade) (Expiration date)

9. Do you hold a valid motor vehicle driver's license to operate a motor vehicle? ☐ YES ☐ NO***

*** If NO, STOP HERE, and do not continue. You MUST have a driver's license in order to sit for this license.

AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION

(MASSACHUSETTS RESIDENTS ONLY)

My signature below authorizes the Department of Public Safety to electronically access my photograph from the **Massachusetts Registry of Motor Vehicles** database solely for use on this license/registration.

MA- RMV photo release signature

[] (OPTIONAL)

Please check here if English is not your primary language **AND** your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese	<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Italian	<input type="checkbox"/> Korean	<input type="checkbox"/> Polish
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other _____	

[illegible]

- ☐ Completed Application with proper home mailing address and social security number.
- ☐ Attach 1" x 1.25" photo or a legible copy of a valid driver's license
(Unless Authorization for Release of RMV Photo Information Signed-Off)
- ☐ Applicants: You must be at least 18 years of age.
- ☐ A legible copy of valid Motor Vehicle License or C.D.L. license
- ☐ **Copy of** D.O.T. Medical certificate, or medical examiner's cert. in accordance
with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49)
- ☐ Non-refundable application processing fee (\$75)

*Attach Photo
Here
1x1.25"*

Signature of Applicant
Date